

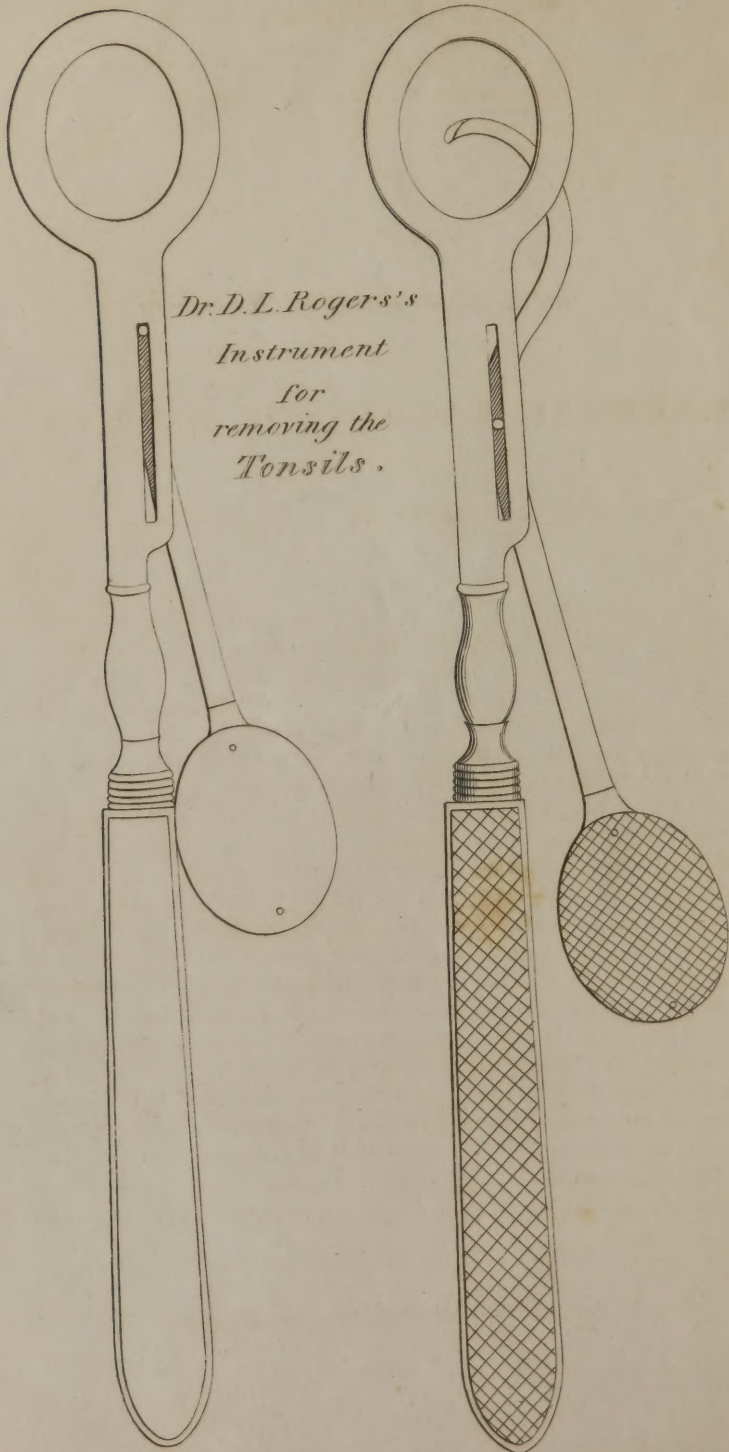
Rogers (D. L.)

Dr. Alden March 1. M D.

Box 11.

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DESCRIPTION
OF A NEW INSTRUMENT
FOR
*Presented by
Henry March.*
EXCISING ENLARGED TONSILS.

BY DAVID L. ROGERS, M. D. OF NEW-YORK.

PERHAPS there is no operation in surgery of the same magnitude, that has been attended with greater difficulties, than the removal of enlarged tonsils. The situations of the tonsils, their connexion with large vessels of the neck, and the spasmodic contraction of the surrounding muscles, have at all times rendered their excision a difficult, and sometimes a fatal operation. The older surgeons resorted to the actual and potential cautery for their removal. This was not more cruel, nor dangerous, than the practice pursued in the times of Paulus Ægineta, of dividing the mucous membrane, and tearing them from their bed by hooks. At the present time, the common scalpel, the scissors and the ligature, are in more common use in this country and in Europe. I shall offer but a passing remark upon these different instruments, which will be confined to stating the inconveniences attending them. The use of the scalpel is attended with great difficulty, in consequence of having to employ the double hook in a part so deeply situated, and is likewise attended with great danger, from the proximity of the carotid artery and other vessels of the neck. Of the truth of this the records of surgery bear sufficient evidence.*

The objection to scissors must be apparent to every one. They must of necessity, upon the principle upon which they cut, make

* Burns on the Anatomy of the Head and Neck.

an irregular, lacerated wound, which is always liable to slough; and the inconvenience attending ligatures is such, that no surgeon would willingly employ them, except from prudential motives.

Several ingenious instruments have at different times been invented, for the purpose of excising the tonsils, without endangering the neighboring parts. Among the number, the one proposed by Dr. Physic, of Philadelphia, is most deserving of notice. It consisted of two steel rings attached to a handle. Between the two rings he placed a lancet-shaped knife, which moved by a spring placed in the handle. This instrument has undergone several modifications; one by Dr. Cox, of this city. There is an objection to this latter instrument, in consequence of the ring and knife being separate, and the knife having to be adjusted, after the ring is placed upon the tumor. The inconvenience is noticed particularly in children, who will object to a cutting instrument entering their mouth; and, besides, by their constant movements, the parts within the mouth are in danger of being wounded.

The instrument which I now offer to the profession, is so constructed as to avoid the inconveniences and dangers, which I have stated as existing in relation to the others. It possesses the advantage of a single instrument, and it cannot by any possibility injure any other part than the one to which it is applied. The great advantage this instrument possesses over all others, is that it may be used in children without producing the least alarm, as the knife is entirely concealed, and can be applied without exciting suspicion. A difficulty often exists in children, to keep the mouth open during the operation. The form of this instrument effectually prevents them from closing it. One ring will answer for any sized tumor; a slight movement of the knife fixes the instrument; and, lastly, its simplicity and cheapness will place it within the power of any practitioner to possess one.

Having operated several times on children and adults, I am not conscious that any alteration could be made in this instrument, for the better. Having for the same reasons requested Professor Mott to use it, and express to me his opinion of its merits, he has obligingly sent me the following note:—

25 *Park-Place*, March 5, 1831.

DEAR DOCTOR,

I am delighted with the use of your new instrument for excising the tonsils. The rapidity with which the operation can be performed, combined with the safety, gives it, in my opinion, a

great superiority over any other instrument, or method of removing these parts, of which I have any knowledge.

Yours sincerely,

VALENTINE MOTT.

DR. D. L. ROGERS, Market-st.

Description of the Instrument.

To a common handle is attached a steel ring, of sufficient breadth to admit a groove on its inner surface; deeper at its junction with the handle, with an opening on its superior surface, of a half an inch in length, through which a common probe-pointed bistoury is introduced, possessing a curvature equal to half the circumference of the ring. This bistoury is attached to the handle of the instrument, fixed to a slide by a rivet, and supported on its under surface, by a small spring, which keeps the bistoury in its place within the ring. To the end of the bistoury is attached a handle, of sufficient size to give the operator a complete control over the bistoury.

In using this instrument, the patient should be placed in a chair opposite a strong light, and an assistant should stand behind to steady the head, and one to hold open the mouth, on the opposite side from the one on which you are about to operate. The bistoury being well pushed forward, so as to be completely concealed within the ring, it is then to be placed upon the tonsil. After being satisfied, that it is at the base of the tumor, a slight movement of the handle of the bistoury upwards, fixes the instrument. When you are ready to complete the operation, continue to elevate the handle of the bistoury, and at the same time to pull it forward, when it traverses the groove of the ring by dividing every thing contained within its circumference. It is done with such rapidity, that the patient is hardly conscious of its completion.*

* I am much indebted to Mr. George Teiman, Surgeon's Instrument Maker, No. 35 Chatham-st., for the neatness with which he has executed my orders in making this instrument.

